



SCOIL EOIN, INIS EONÁIN



PRINCIPAL: CAROL NÍ CHUIMÍN B.ED, M.A

Application Form / Pupil Information Database

Child's Full Name: _____

Address: _____

Date of Birth: _____

PPS Number: _____

Year Starting School: _____

Eircode: _____

Irish version of Child's name if known: (otherwise school will translate): _____

Playschool attended (if any) _____

Religious Denomination: _____ Place of Baptism: _____

Family Doctor: _____ Phone: _____

Address: _____

CONTACT DETAILS:

Parent's/Guardian's Name: _____

Contact No: _____

Email Address: _____

Parent's/Guardian's Name: _____

Contact No: _____

Email Address: _____

Other Contact Numbers

Name: _____ Number: _____

Name: _____ Number: _____



021 4775457
086-4106194



inischeoin@gmail.com

Web: <http://www.inishannonschool.com>

MOL AN ÓIGE AGUS TIOCFÁIDH SÍ.

Please complete the following general information

<p><i>Please put an X in the box you consider best describe your child in each case</i></p>	<p>A L W A Y S</p>	<p>U S U A L L Y</p>	<p>S O M E T I M E S</p>	<p>S E L D O M</p>	<p>N E V E R</p>
1. Speaks clearly					
2. Helps with activities in the home					
3. Carries on simple conversation					
4. Is independent of parents/guardians					
5. Goes to toilet by himself/herself					
6. Is shy when he/she meets unfamiliar children					
7. Is shy when he/she meets unfamiliar adults					
8. Is easily upset					
9. Is aggressive when he/she meets unfamiliar children					
10. His/her attention jumps easily from one thing to another					
11. Is subject to temper/tantrums					
12. Is extra talkative					

Name of any previous schools attended: _____

Class: _____

{Please bring letter of transfer together with attendance record and results of standardised tests, special needs requirements.)

Does any legal order under family law exist that the school should know about?

(The school should be made aware of any court order which effects the child welfare and also the name of any person into whose custody the child should not be given.)

The Education Welfare Act:

If your child is absent for any reason, please ensure you give a note to class teacher on his/her return.

Once a pupil is absent for 20 days or more, the school is obliged to inform the National Education Welfare Board.

Assessment:

Has your child had a Speech & Language, Occupational Therapy or Psychological Assessment, if so please supply a copy of same

Additional Information/Needs:

Does your child have any condition/needs which may impact on his/her school life?

Examples: Allergies, medical conditions, toileting problem, Speech and Language difficulties/delay, socialisation concerns, developmental delay

Do you give permission for your child to go on school trips and tours under teacher supervision?

Yes	
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NO	
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From time to time children partake in matches competitions and other school activities at which, school personnel or outside agencies may photograph or video these events and such photographs may be published. Do you give permission for your child to be photographed?

Yes	
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NO	
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The Board of Management cannot be held responsible for pictures/videos taken by others at school events/celebrations.

Do you give permission for your child's photo to be used and their work displayed on the school website?

Yes	
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NO	
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The Stay Safe Programme and Relationships & Sexuality Programme are implemented in Scoil Eoin.

Yes	
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NO	
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Signed: _____ Parent/Guardian Date: _____

Signed: _____ Parent/Guardian Date: _____

Please return this form to Scoil Eoin, together with a copy of Birth Certificate.

For office use only
Received on
